Commonwealth of Virginia Health Benefits Program

Monthly Premiums for Extended Coverage (COBRA) Participants Effective July 1, 2015 – June 30, 2016

Please note: Get a premium reward if you are enrolled in COVA Care or COVA HealthAware! You or your enrolled spouse must complete certain healthy actions to save \$17 a month or \$34 when both of you meet the requirements.

Health Care Plans	You Only	You Plus One	You Plus Two or More
COVA HDHP - High Deductible Hea	alth Plan Basic		
Total Premium – 18 or 36 months	\$474	\$881	\$1,287
Total Premium – 29 months	\$698	\$1,296	\$1,893
COVA HDHP Plus Expanded Denta	al en		
Total Premium – 18 or 36 months	\$501	\$933	\$1,366
Total Premium – 29 months	\$737	\$1,373	\$2,009
COVA HealthAware Basic			
Total Premium – 18 or 36 months	\$577	\$1,072	\$1,547
Total Premium – 29 months	\$849	\$1,577	\$2,276
COVA HealthAware Plus Expanded	d Dental		
Total Premium – 18 or 36 months	\$604	\$1,124	\$1,626
Total Premium – 29 months	\$888	\$1,653	\$2,391
COVA HealthAware Plus Expanded	d Dental & Vision		<u> </u>
Total Premium – 18 or 36 months	\$613	\$1,139	\$1,646
Total Premium – 29 months	\$902	\$1,676	\$2,421
COVA Care Basic	Ψ002	ψ1,010	ψε, ιε ι
Total Premium – 18 or 36 months	\$631	\$1,171	\$1,695
Total Premium – 29 months	\$929	\$1,722	\$2,493
COVA Care Plus Out-of-Network	·	. ,	. ,
Total Premium – 18 or 36 months	\$647	\$1,191	\$1,724
Total Premium – 29 months	\$951	\$1,752	\$2,535
COVA Care Plus Expanded Dental			
Total Premium – 18 or 36 months	\$659	\$1,223	\$1,775
Total Premium – 29 months	\$969	\$1,799	\$2,610
COVA Care Plus Out-of-Network &	Expanded Dental		
Total Premium – 18 or 36 months	\$674	\$1,243	\$1,803
Total Premium – 29 months	\$992	\$1,829	\$2,652
COVA Care Plus Expanded Dental	Plus Vision & Hearin	g	
Total Premium – 18 or 36 months	\$675	\$1,251	\$1,812
Total Premium – 29 months	\$993	\$1,839	\$2,664
COVA Care Plus Out-of-Network P	lus Expanded Dental	Plus Vision & Hearin	g
Total Premium – 18 or 36 months	\$691	\$1,271	\$1,840
Total Premium – 29 months	\$1,016	\$1,869	\$2,706
Kaiser Permanente HMO – availab			
Total Premium – 18 or 36 months	\$584	\$1,075	\$1,567
Total Premium – 29 months	\$860	\$1,581	\$2,304